

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18253**

**MAY 27 1943**  
Registration District No. **467175**

Primary Registration District No. **4280 3036**

Registrar's No. **55**

1. PLACE OF DEATH:

(a) County **Lawrence**  
(b) City or town **Aurora**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Aurora Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Hosp 1 day**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT  
FULL NAME **Ella Mae Black**

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Homer Black** 6. (c) Age of husband or wife if alive **26** years  
7. Birth date of deceased **July 30 1924**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**18 8 11** hr. min.

9. Birthplace **?** **Okla.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **E Bud Greenway**  
13. Birthplace **Barry County Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Maude Lemaster**  
15. Birthplace **Aurora Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs E.B. Greenway**

(b) Address **R 1 Jenkins Mo.**

17. (a) **Burial** (b) Date thereof **4-17-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Aurora Mo.**

18. (a) Signature of funeral director **E. F. King**

(b) Address **Aurora Mo.**

19. (a) **4-16-1943** (b) **James Greenway**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**  
(c) City or town **Aurora**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **315 Rock St**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11**  
year **1943** hour minute M.

21. I hereby certify that I attended the deceased from **April 7**  
to **April 11**  
that I last saw her alive on **April 11**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Eclampsia**  
Duration **4 da**  
Due to **a nephritis** **3 da**

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **R. E. Brown** (M. D. or other)  
Address **Aurora, Mo.** Date signed **4/14/43**

RECEIVED

District Health Officer No. 6,

District File Number 543-675

Date Filed MAY 26 1943

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Herman M. Curridge*

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.